PAGE 1 / 8

Image# 11952560525

### **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL P	or Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
CAROLYN'S PAC			
ADDRESS (number and street)	24 East 93rd Street		
<b>V</b>	Suite 1B		
Check if different than previously reported. (ACC)	New York		NY 10128 -
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00341990		IS THIS X NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 (I	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (Q		r 20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y		ion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	·	ion on	in the State of
5. Covering Period 07	01 2011	through 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined thi	s Report and to the best of	of my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Ms Jeanne Waller		
Signature of Treasurer Ms Je	anne Waller	[Electronically Filed]	Date 10 / 13 / 2011
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person signin	g this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **CAROLYN'S PAC** 2011 09 30 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 38127.11 January 1, 2011 (b) Cash on Hand at 31519.11 Beginning of Reporting Period..... 10000.00 5000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 36519.11 48127.11 6(a) and 6(c) for Column B)..... 1054.00 12662.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 35465.11 35465.11 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 1500.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### CAROLYN'S PAC

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
ontributions (other than loans) From:	Total Tills Totlou	Odichadi Tedi to Bate	
a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	5000.00	10000.00	
		0.00	
• •	0.00	0.00	
	5000.00	10000.00	
Lines IT(a)(i) and (ii)	3000.00	1000.00	
o) Political Party Committees	0.00	0.00	
c) Other Political Committees			
(such as PACs)	0.00	0.00	
Total Contributions (add Lines	, , , , , , , , , , , , , , , , , , , ,		
11(a)(iii), (b), and (c)) (Carry		40000.00	
Totals to Line 33, page 5)▶	5000.00	10000.00	
ransfers From Affiliated/Other			
arty Committees	0.00	0.00	
III I a a a Barata d	0.00	0.00	
II Loans Received	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
- · · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	
	7	0.00	
	0.00	0.00	
	7		
Dividends, Interest, etc.)	0.00	0.00	
ransfers from Non-Federal and Levin Funds	7		
a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
b) Levin Funds (from Schedule H5)	0.00	0.00	
_			
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
	(iii) Unitemized	(iii) Unitemized	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcillati Tour to Date	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating Expenditures	0.00	54.00	
	(c) Total Operating Expenditures			
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	54.00	
	Transfers to Affiliated/Other Party Committees	0.00	0.00	
	Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	7500.00	
	Independent Expenditures			
	(use Schedule E)	0.00	0.00	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	Loan Repayments Made	0.00	0.00	
	Loans MadeRefunds of Contributions To:	0.00	0.00	
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	3100	
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
	Other Disbursements	5400	5108.00	
	Other Dispulsements	54.00	3100.00	
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity			
	(from Schedule H6) (i) Federal Share	0.00	0.00	
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00	
		7 7 7	7 7	
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1054.00	12662.00	
	Total Federal Disbursements			
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1054.00	12662.00	

#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	10000.00	
1. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	10000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	54.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	54.00	

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

8

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CAROLYN'S PAC Full Name (Last, First, Middle Initial) Edward R Downe Jr. Date of Receipt Mailing Address 1133 Park Ave 2011 09 City Zip Code State Transaction ID: SA11AI.4547 NY New York 10128 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Primary Name of Employer Occupation Gersten Savage Kaplowitz Wolf Lawyer Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  ANAME OF COMMITTEE (In Full)  CAROLYN'S PAC  Full Name (Last, First, Middle Initial)  A. BERKLEY FOR SENATE  Mailing Address 3077 E WARM SPRINGS RD SUITE 300  City State NV 89120  Purpose of Disbursement Contribution  Candidate Name  City State NV State Specify Type  Transaction ID : \$823.4552  Amount of Each Disbursement this Period  Cardidate Name  Cardida	SCHEDULE B (FEC Form 3X)	Llee consents asked (1-/-)	FOR LINE NUMBER: PAGE 7 OF			
Detailed Summary Page	ITEMIZED DISBURSEMENTS		1 ' — '	,		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  CAROLYN'S PAC  Full Name (Last, First, Middle Initial)  BERKLEY FOR SENATE  Mailing Address 3077 E WARM SPRINGS RD SUITE 300  City Slate Zip Code						
NAME OF COMMITTEE (in Full) CAROLYN'S PAC  Full Name (Last, First, Middle Initial) BERKLEY FOR SENATE  Mailing Address  Office Sought:  Visual Name (Last, First, Middle Initial)  Mailing Address  City  State  Purpose of Disbursement Contribution  Callegory/ Office Sought:  Visual Name (Last, First, Middle Initial)  Mailing Address  City  State  Primary  State  Office Sought:  Visual Name						
CAROLYN'S PAC  Full Name (Last, First, Middle Initial)  A. BERKLEY FOR SENATE  Mailing Address 3077 E WARM SPRINGS RD SUITE 300  City State Zip Code NV 89120  Purpose of Disbursement Contribution  Candidate Name  City Senate President Other (specify)  Full Name (Last, First, Middle Initial)  3. Date of Disbursement  Category/  Type  Office Sought: House President Other (specify)  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House President Other (specify)  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought: House President Other (specify)  Full Name (Last, First, Middle Initial)  Date of Disbursement This Period  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House President Other (specify)  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought: House President Other (specify)  Furpose of Disbursement Type  Office Sought: House President Other (specify)  Furpose of Disbursement This Page (optional)  State: Disbursement For: Category/ Type  Office Sought: House President Other (specify)  Furpose of Disbursement This Page (optional)  State: Disbursement For: Category/ Type  Office Sought: House President Other (specify)  Furpose of Disbursement This Page (optional)  State: Disbursement For: Category/ Type  Office Sought: House President Other (specify)  Furpose of Disbursement This Page (optional)  State: Disbursement This Page (optional)  Subtotal of Disbursements This Page (optional)  Subtotal of Disbursements This Page (optional)  Subtotal of Disbursements This Page (optional)  Subtotal of Disbursement This Page (optional)  Subtotal of D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e and address of any politica	al committee to	solicit contributions	from such committee.	
ABERKLEY FOR SENATE  Mailing Address 3077 E WARM SPRINGS RD SUITE 300  City  LAS VEGAS  Purpose of Disbursement  Contribution  Candidate Name  Office Sought:  House  President  Candidate Name  Office Sought:  House  President  Candidate Name  Office Sought:  House  President  Category/  Office Sought:  House  Senate  President  Category/  Office Sought:  Formary  General  Primary  General  Primary  General  President  Category/  Office Sought:  Senate  President  Disbursement For:  Senate  President  Category/  Office Sought:  Senate  President  Disbursement For:  Senate  President  Office Sought:  Senate  President  Disbursement For:  Senate  President  Office Sought:  Senate  President  Disbursement For:  Senate  President  Office Sought:	, ,					
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Mailing Address 3077 E WARM SPRINGS RD SUITE 300  City State Zip Code NV 89120  Purpose of Disbursement Contribution  Candidate Name  City Senate President State: NV District: 01  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General President State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement This Period  Candidate Name  City State Zip Code  Purpose of Disbursement This Period  Candidate Name  City State Zip Code  Purpose of Disbursement This Period  Candidate Name  City State Zip Code  Purpose of Disbursement This Period  Candidate Name  City State Zip Code  Purpose of Disbursement This Period  Candidate Name  City State Zip Code  Purpose of Disbursement This Period  Candidate Name  City State Zip Code  Purpose of Disbursement This Period  Candidate Name  City State Zip Code  Purpose of Disbursement This Period  Candidate N				Date of Dishares	nont	
Mailing Address 3077 E WARM SPRINGS RD SUITE 300  City State	A. BERKLEY FOR SENATE	BERKLEY FOR SENATE				
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Senate President Other (specify)  State: NV District: 01  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Other (specify)   Amount of Each Disbursement this Period  Category/ Type  Other (specify)   Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Office Sought: House Disbursement For:  Candidate Name  Category/ Type  Office Sought: House President Other (specify)   Amount of Each Disbursement this Period  Category/ Type  Office Sought: House President Other (specify)   Office Sought: House President Other (specify)   Substortal of Disbursements This Page (optional)   1000.00					1000.00	
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Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substrate: District:  Substrate: District:   District	,					
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City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General  City State Zip Code  Purpose of Disbursement  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General  Other (specify) ▼  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  SubstortAL of Disbursements This Page (optional)	Mailing Address			M = M / D = I	) / Y Y Y Y Y	
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Candidate Name  Category/ Type  Office Sought:	Purpose of Disbursement					
Office Sought: House Senate Primary General Other (specify)   Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:  Substitute Other (specify)   Substitute Other (specify)   Substitute Other (specify)   Substitute Other (specify)   1000.00	·			Amount of Each Disbursement this Period		
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Senate Primary General Other (specify)   Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify)   Senate Primary General Other (specify)   State: District:  Substortal of Disbursements This Page (optional)	Office Sought: House Button	ent For:				
State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Primary General President Other (specify)  State: District:  Substotal of Disbursements This Page (optional)						
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	President	,				
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TOTAL This Period (last page this line number only)					1000.00	

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

**X** 9 10

OF

NAME OF COMMITTEE (In Full) CAROLYN'S PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Excess Contribution to be Refunded HILLARY CLINTON FOR PRESIDENT Mailing Address PO Box 101436 City State Zip Code Arlington 22210 Transaction ID: SD9.4141 Outstanding Balance Beginning This Period 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 500.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Excess Contribution to be refunded HILLARY CLINTON FOR PRESIDENT Mailing Address PO Box 101436 City State Zip Code Arlington 22210 VA Outstanding Balance Beginning This Period Transaction ID: SD9.4140 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period